

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012504
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 223

Primary Registration District No. 4246

Registrar's No. 24

FILED MAR 26 1963

1. PLACE OF DEATH

a. COUNTY

MONTGOMERY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MONTGOMERY CITY

Length of stay in 1b

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

PIKE

c. CITY OR TOWN

BOWLING GREEN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

10 CENTENIAL

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDNA

JANE

SIDWELL

4. DATE OF DEATH

Month

Day

Year

MAR.

18

1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-27-63

9. AGE (last birthday)

91

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE-WISE

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

PIKE CO. MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES JOHNSON

13b. MOTHER'S MAIDEN NAME

LUCINDA INGRAM

14. NAME OF HUSBAND OR WIFE

ALBERT SIDWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

—

17. INFORMANT

BEULAH SIDWELL

Address

MONTGOMERY CITY MO.

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

MYOCARDIAL DEGENERATION

INTERVAL BETWEEN ONSET AND DEATH

5 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

INFLUENZA

DUE TO (c)

—

10 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CARCINOMA - L. PAROTID. - RADIATION SUPPURATION

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar 17 - 1963 to Mar 18 - 63 and last saw her alive on Mar 17 - 63
Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur Audale

22b. ADDRESS

Montgomery City MO

22c. DATE SIGNED

3-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

3-20-63

23c. NAME OF CEMETERY OR CREMATORY

ANTIOCH

23d. LOCATION (city, town, or county)

PIKE CO. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

HAROLD KIRKS, BOWLING GREEN MO.

25. DATE RECD. BY LOCAL REG.

3/18-1963

26. REGISTRAR'S SIGNATURE

Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Kink

Licensed Embalmer No. 4597

P. O. Address Bowling Green
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.